KANSAS MENTAL HEALTH COALITION

Speaking with one voice to meet critical needs of people with mental illness.

Minutes

July 23, 2014 Monthly Meeting **Valeo Behavioral Health Center, 330 SW Oakley, Topeka, KS**

9:00 a.m. Introductions and sign-in sheet

Attendance:
David Wiebe, President
Amy Campbell
Ken Kerle, CIT
Marcia Epstein, Suicide Prev.
Susan Zalenski, J&J
Susanna Honaker, KAAP/ACMHCK
Ally Mabry, KU
Glea Ashley, Valeo BHC
Kyle Kessler, ACMHCK
Sheli Sweeney, ACMHCK
Sally Anne Schneider
Sally Fronsman-Cecil
Ira Stamm
Jane Rhys
Jim Brann
Lynn Lemke, Marillac
C.E. Harkness
Mark Wiebe, Wyandot Inc.
Steve Christenberry, FSBC
Christy McMurphy, Kim Wilson Housing
Robert Chase, SEKS Mental Health
On the phone:
Steve Feinstein
Shelly Duncan
Andrew McCarthy
Walt Hill
Guests:
Galen Smith, KUSSW
David Hanson, JCMHC
Michael Donnelly, DCF/VR
Jill Bronaugh, DCF/VR
Carla Drescher, KDADS

Financial Report See Report. Financial Report adopted on motion by Glen Yancey, second by Steve Christenberry. Report by JoLana Pinon.

Minutes of the previous meeting adopted. Minutes. Motion by JoLana Pinon, second by Jim Brann.

9:15 a.m. Reports

Advocacy Committee –Grassroots Advocacy Network - Meeting next month after Coalition.

Mental Health and Aging : National Partnership to Improve Dementia Care in Nursing Homes – current report shows that, as a nation, we have reached a 17.1% reduction in the use of antipsychotic medications for long-stay nursing home residents. Kansas actually increased in the use of atypical antipsychotics and Kansas is now ranked

Suicide Prevention Sub-Committee: Marcia Epstein

- National Suicide Prevention Week is September 10-17, 2014.
- There will be a Governor's Proclamation
- Suicide death rates in Kansas have recently been higher than national rates. Hope this won't become a trend.
- Goal for the Sub-Committee to propose some policy priorities for action by the Coalition.

SPTP Issue – proposed draft statement – to be acted on at a later time.

See Post Audit scope statement

See Proposed Policy Statement

Jim Brann – have we looked at treatment within the prisons?

KMHC will try to post a link to the Task Force report.

Jim Brann – my concern is that the prisoners who acknowledge their guilt and engage in programs within the corrections system have multiple mental health needs and the programs are not really sufficient to guarantee they wouldn't re-offend, it is unlikely they will go to SPTP and very likely they will be released.

Sally – with my own past, where I was abused by a neighbor, it is a big issue. We, as a society, are conflicted in the way we deal with this. When you look online at the people on the sexual predator registry who are living in our neighborhoods, it can be really scary.

Eric – who are we talking about? Is everyone a violent offender?

Amy – there are folks who are deemed an offender whose actual offense may not be violent – perhaps underage relationships or other situation. However, one would expect that if the court has reviewed the nature of the crime and the likelihood of re-offending and commits a person to the SPTP, they would not fall into the milder category.

Steve F – read the statute – defining that people in the program are violent sexual offenders – habitual, with serious mental issues and who have been incarcerated for long periods of time. Many of them are cons and their statements can't necessarily be trusted.

Glen – The issue at hand is the policy statement and how we want to act on that.

David – This will be considered later in the year when we develop our Consensus Recommendations.

Sally – if the Coalition will have a position on this, I would like to see it be more broad than just about the SPTP at Larned State Hospital

Sheli – interested in knowing who is a part of this group who submitted the statement. Amy reported that it came from Rick Cagan as a part of the group that continues to meet in follow-up to the SPTP Task Force report.

Amy – Please take a close look at it now and email your concerns, amendments, discussion items, so we can be fully prepared when the time comes – probably September or October.

9:45 a.m. Lobbyist Report -

Advocates Check List: Know the candidates, share your interest in mental health issues, sign up for newsletters or notifications, and show your support by attending forums and fundraisers, put up signs and/or help with campaigns.

KS Secretary of State Website / select Elections & Legislative / select Upcoming Elections / select Candidate Lists http://kssos.org/elections/elections_upcoming_candidate.asp KMHC will have more information after the primary.

KMHC does not have a PAC and does not endorse candidates. However, this is an ideal venue in which to share information about your local legislators and candidates. Discussed targeted legislators – what we know about their voting history. Last month, we talked about the key steps you should be taking now to advocate and be prepared to vote in the primary election on August 5. Feel free to call for specific information and backgrounds of your area legislators. Let us know if you have information about candidates running in your area.

Ken Kerle – would like to see a Shawnee County vote count on the issues we care about.

We have 83,000 registered voters who didn't vote in 2012.

Mark Wiebe – would also like to see our organizations involved.

10:15 a.m.Guest Topic: Vocational Rehabilitation - Michael Donnelly, DRC and Supported Employment Programs - David Hansen, Johnson County, and Galen Smith, KU
IPS – Individual Placement and Supported Model of Supported Employment – An Evidence Based Practice (powerpoint is linked to the agenda on the website).

Galen Smith, University of Kansas

Evidence is becoming conclusive – that these programs have the best outcomes for employment programs for persons with mental illness.

Implementation started in 2000. 17 out of 27 MHC and one affiliate have implemented the IPS model. 8 MHCs have discontinued the IPS model.

Why? The Executive Directors report that there was not sufficient funding to continue to provide the service in their facility.

Glen – where does funding come from?

The funds are cobbled together for the programs. There is Medicaid reimbursement for Medicaid members. VR reimbursement is also available. Then, general funds can be used for those without reimbursement.

Evidence Based Principles:

- Eligibility is based on consumer choice
- Supported employment is integrated with treatment
- Competitive employment is the goal
- Personalized benefits planning is provided
- Job search starts soon after a consumer expresses interest in working
- Follow along supports are continuous (we know that mental illness is recurrent in many cases)
- Consumer preferences are important
- Employment specialists build relationships with employers based on their client's work preferences

Number of Individuals in IPS Service and percent of Competitive Employment

In the past five years, the overall number of people served has dropped. Within that number, there have been reductions and then a recent increase in the percent gaining employment.

Glen – commented that getting strong outcomes is impressive, since many of these folks have serious disincentives based on the levels of SSI aid they may be receiving and the disincentives for working. Would require working 21 hours a week for 52 weeks a year in order to even meet the federal poverty level.

Galen – pointed out that many people are very motivated to work regardless of the financial disincentives. There are basic issues of

Important to recognize that supported employment is a treatment.

People who are working become less of consumers of mental health services, and more of a consumer of community services that are available to all.

Sally – I did a quick survey among peers asking about barriers to becoming employed and it seems to me that it is too big of a leap for most people to move to employment. People are not able to drop their safety net to move to an unreliable minimum wage job, with little low income housing available, and little public transportation services.

You are right. Asking someone to make that jump and pull themselves out of poverty is a real challenge when resources are limited and options for jobs that pay a living wage are in great demand.

David Hanson , Johnson County MHC

People with mental illnesses can work.

We have a partnership with DCF and the vocational rehab program and that partnership has been key to the success of any programs over the years.

When you add a community support program, national statistics for people with MI double. When you add a supported employment evidence based program, those rates jump even more.

Galen – David is remarkable. JoCo MHC has had supported employment for many years. In a clinical situation, success rates in supported employment for achieving competitive employment approach 60%, but that is in a clinical environment. Meanwhile, JoCo has been able to consistently achieve these success rates.

Jim Brann – that is in Johnson County. We can probably assume that JoCo is a unique example regarding economic activity.

Perhaps true, but Wyandotte County has been approaching 62% success rate in a county with high unemployment.

Jim Brann – if I need support, do I go to DCF? No – these are programs at the mental health centers. Might actually start at DCF and be referred to the MHC.

Michael Donnelly, DRC –

The reason Glen has such a close association with VR is because he ran that program for years. He also was the head of Social Security determination for a very long time. It is an odd juxtaposition that our agency is still in charge of both. Gaining benefits for Kansans, while also trying to help them to become employed and get off of those programs.

Our program goal is competitive employment. We do not place people in below minimum wage jobs, which is something that is becoming a national conversation.

Two qualifications for vocational rehabilition program – 1. Documented disability (easily determined through medical records) and 2. Significant impediment to employment.

Fortunate to be able to provide a wide range of employment services. We do look to tap other resources for services, including Medicaid or other public resource. We use those resources rather than our dollar. We are really the small program – we get $27 million from the Feds. It is not like Medicaid where there is additional match available – it is a flat amount.

Of the nearly 15,000 people served last year, 39% had a primary diagnosis of mental illness. Not always SPMI. 35% of program participants who had their case closed after 90 days of employment, so pretty close to our overall rate. Some go into vocational training or secondary education. Spend some money for physical or mental restoration. Largest expense is paying for external partners to provide job readiness and placement services, job development. (Some of these partners are CMHCs. Not all CMHCs participate.)

We have 75 VR counselors in 25 DCF offices. In some areas, there is only one. We do not do any direct placement – we do all of that through outside partners. There are some areas where there is a shortage of partners. Only about have of the people actually need the placement services.

Our members do have choice of what they want to do and which partners they will work with.

Glen – do you still have a Client Assistance Program that provides advocacy on behalf of every client who utilizes our services. It used to be internal, but resides with the Disability Rights Center.

Ira – shared

Mark – what are some of the policy barriers that would help us get this program out to some of the mental health centers who don't operate these programs now.

Glen – I don't know how it is now, but in trying to work with some of the centers then, there were some who simply do not want to be in the employment business.

David – shared

Michael – we saw a real reduction in the state dollars that go the MHCs since 2009, and no one can argue that that didn't have an affect in decreasing the programs.

Suddenly, the federal government decided that the Rehab Act did not allow the program to give organizations a grant. Most were already moving in that direction, but since 2007, we moved to performance based contracts. So, that removed capacity by taking away grants, which could allow for capacity at some facilities who perhaps did not have the population to support the staffing.

We also changed from a system that frontloaded most of the funds into programs that had only a 30% success rate. I was unhappy with those outcomes and changed the system of reimbursement. There are a combination of factors, but it does include an hourly rate for providing employment support.

Last year, we engaged a company to do a cost study to evaluate the costs of providing those services and expect to get a report from that soon. It has to be a collaborative process to be able to get these programs in place in a viable way. We have to identify workforce readiness programs, and recent

numbers show that participation by people with disabilities are very low in those programs. There is a balancing act there.

Disability participation rate: 39% have mental illness, 25% DD / cognitive disabilities, 15% fall under the PD category, and the rest are less prevalent categories.

Serving people who do not have a payor source within a mental health center program typically falls to the mental health center, or if they can fit within the two requirements, they might be eligible for VR services.

The average SSI payment across the country is about $500. The poverty level is around $1000. The more people are pushed to

The benefits of that employment far outweigh the options of being on programs and sitting in the house and self-medicating or further eroding their health.

The people who go into those programs are very small – only about 1 ½ percent ever leave. In Kansas, you can move into the Working Healthy program and still have access to your Medicaid benefits as a transition, so we have options here. What I want to see is for us to emphasize to people that this is possible and to point people to these options, rather than just telling them to do only one thing, because of the possibilities of what they may are may not lose.

Introduced Jill, who is doing some employment outreach in the program for the first time. Also, employment opportunities are increasing with the advent of new federal rules for federal contractors..

Could invite Mary Ellen Wright from KDHE to talk about the Working Healthy program.

KDADS Update - Carla Drescher – filling in for Gina Meier-Hummel, Commissioner, who is on the road with the new KDADS Secretary meeting with providers across the state.

A few of us just got back from DC – a meeting of the states regarding prescription drug / Opiates overdoses. Working to develop strategic plans to address this crisis. We were one of eight states selected to attend a policy academy on this topic in August. Will take nine KDADS, KDHE, and DCF folks. Should come back with a strategic plan about how our state could address this overdose problem.

It is grant and contract time at the State, so some other things have been put on hold. We have been diligently working to get those out the door by July. We did a lot of work this year taking information from Gov MH Task Force, statewide roundtable conversations, GBHSPC to have those recommendations drive us in the development of our grants and contracts.

We have some university contracts that will help to move some of those initiatives forward. These components are a part of the strategic plan which is almost finished.

One of my questions will be to ask what information you are interested in having me bring back, so I can do that next time.

We just found out last night that the Legislative Post Audit committee is going to do an audit of our substance abuse funding.

What federal grants has Kansas applied for? Agency applied for the Supported Employment Grant and there was a prevention grant, not sure of the name.

The Excellence in Mental Health Act had a number of grants to make available.

We sat in on ACMHCK meetings to look at where their interest lies. Have been a little bit on hold, since Gina has been on vacation for a couple of weeks.

Steve – re: the opiate overdose issue – is that regarding addiction or pain management – or all?

We already have a prescription drug monitoring program, so we are ahead in that area. There are statutes that other states have implemented – including those who limit the numbers of prescriptions allowed.

The Director of Behavioral Health position advertisement just closed last Friday.

What is the progress of the Mental Health Cabinet and the Law Enforcement Cabinet? It is still in the works.

Marcia Epstein – the Suicide Prevention Sub-Cabinet has a meeting with the Governor and would like to include people who will be involved in those groups.

Sally – any information that will help with the Gun Violence Prevention task force I am working with?

Believe that most of the Governor's MH Initiative activities have been in response to that issue – not a part of any gun control conversations.

Where does Kansas fall statistically regarding overdoses? Kansas is very low on the number of overdoses but high in terms of prescribing practices. We are still trying to pull together statistics. Nationally, there has been a spike in the number of women in child-bearing age. There are things we can do as a state to improve, but we are not at the bottom.

Steve – pain management is a complicated issue and there are concerns about how options for people with serious pain management issues are being limited.

Wichita crisis services development?

Part of the new funding initiative ($1 million) will be put out as an RFP for CMHCs for crisis services. Don't know if Sedgwick will apply, but are hoping for wider availability of Rainbow-type services.

Regional Recovery Centers program reporting? Their fiscal year-end reports are due at the end of the month. The funding is for two years and has renewed.

Encourage everyone to check out the KHI website to review the excellent article about the two conflicting ACA federal court rulings released Monday.

In Kansas, 57,000 purchased insurance from the federal website and 78% have subsidies. If the full Appeals Court were to rule along with the Virginia decision

Mark Wiebe – Wyandot trained 265 people in Kansas City in Mental Health First Aid.

Brann – Don Ash wants to have that training be a part of the CIT course.

More conversations to be had.

11:25 a.m. Announcements:

11:30 a.m. Adjourn

2014 KMHC Meetings: 9 a.m. – 11:30 a.m. Jan 22, Feb. 26, Mar. 26, April 23, May 28, June 25, July 23, Aug 27, Sept. 24, Oct. 22, Nov 19, Dec. 17 **Board:** 12 noon quarterly the 4th Wednesdays (March 26, July 23, Sept 24, Dec 17)

For more information, contact: Kansas Mental Health Coalition

c/o Amy A. Campbell, Lobbyist
P.O. Box 4103, Topeka, KS 66604
785-969-1617, fax: 785-234-9718, campbell525@sbcglobal.net

David Wiebe, President
5608 Cherokee Circle, Fairway, KS 66205
913-645-6175; dwiebe@kc.rr.com

http://kansasmentalhealthcoalition.onefireplace.com